CLAIMS ONLY

Application Number: 10/806749

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58	1	1			
9							59		1			
10							60		1			
11							61		1			
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35	1						85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42							92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47							97					
48							98					
49		1					99					
50		1					100					
Total Indep							Total Indep	2				
Total Depend							Total Depend	16				
Total Claims							Total Claims	18				